



AF 70

Attorney's Docket No.: 5557.P006

Patent

In re the Application of: Zosel et al.

(inventor(s))

Application No.: 10/052,677

Filed: January 18, 2002

For: CAMERA POSITIONING AND CONFIRMATION FEEDBACK SYSTEM

(title)

Mail Stop AF  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment H for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

☒ **Additional fee is required.**

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra
Total Claims	* 18	Minus	** 29	0
Indep. Claims	* 6	Minus	*** 5	1
<input type="checkbox"/>	<b>First Presentation of Multiple Dependent Claim(s)</b>			

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

SMALL ENTITY	
Rate	Additional Fee
X25	\$
X100	\$
+180	\$
Total Add. Fee	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X50	\$ 0
X200	\$ 200
+360	\$
Total Add. Fee	\$ 200

**FIRST CLASS CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on July 16, 2007  
Date of Deposit

Elizabeth J. Martinez  
Name of Person Mailing Correspondence

Elizabeth J. Martinez  
Signature

07-16-07  
Date

X   A check in the amount of \$ 200.00 is attached for presentation of additional claim(s).  
Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_ month(s) pursuant to  
37 C.F.R. § 1.136(a).  
       A check for \$ \_\_\_\_\_ is attached for processing fees under 37 C.F.R. § 1.17.  
       Please charge my Deposit Account No. 02-2666 the amount of \$ \_\_\_\_\_.  
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  X   Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.  
  X   Any extension or petition fees under 37 C.F.R. § 1.17.

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Date: 7-16-07

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